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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

** SMALL ENTITY **

06/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u>				

ADDRESS

34313

TITLE

Systems and methods for automatic medical injection with safeguard

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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